

## QUALITY MANAGEMENT POLICY STATEMENT

BUDDIES COMMUNITY CARE Limited was established in 2023 to provide COMMUNITY SUPPORT SERVICES to the HEALTHCARE industry. We are based in LONDON and are in our infancy with a responsible manager in situ – who is qualified to undertake both the administration and practical aspects of the business – we are yet to employ staff, subject to CQC registration, this policy will be updated accordingly.

Quality is important to our business because we value the service user whom we support. We strive to provide services which exceed their expectations. It is important that the directives and standards set out by the CQC are met. Quality of service is very much critical to the functioning and purpose of the business.

We are committed to continuous improvement and have established a Quality Management System which provides a framework for measuring and improving our performance.

We have the following systems and procedures in place to support us in our aim of total customer satisfaction and continuous improvement throughout our business:

- regular gathering and monitoring of service user feedback
- a service user complaints and feedback procedure
- training and development for our prospective employees
- continual monitoring and development of our internal processes
- management reviews of service user feedback and complaints.

Our internal procedures are reviewed regularly and are held in a Quality Manual which is made available to all employees and inspectors.

This policy is posted on the Company Website it is accessible to the public and employees -

Although the Managing Director has ultimate responsibility for Quality, all prospective employees have a responsibility within their own areas of work to help ensure that Quality is embedded within the whole of the company.

## **HOW BUDDIES GATHER AND MONITOR SERVICE USER FEEDBACK.**

As part of our quality management policy we continually engage with local authorities and service users to establish where changes and improvements are needed, or to communicate issues and seek solutions where there are obstacles to the quality service we strive to offer.

Each contact between a worker and a service user will be accompanied by a written report, which will be stored as per GDPR and reviewed by the service manager – this is cross referenced against the care plan, and any deviation must be highlighted and elaborated upon. This can relate to appropriate communication between worker and service user, physical management of any personal care, preservation of dignity, appropriate interventions to promote and ensure the persons independence is maximized, personal choices and preferences are considered and intrinsic in decision making where there is a capacity issue– as well as infection control and health safety measures are followed.

All day to day engagement is recorded with the use of ABC charts and incident reporting as per policy on incident reporting being used in detection of patterns and trends in behaviour.

The experience of the service user is paramount, with ongoing engagement with management as well as via the workers communication and written records- in relation to their perspective, how they interpret the individual workers attitude, and practice, whether they feel it is appropriate for them – and is maximizing their independence, as well as preserving their dignity and privacy – whilst keeping them safe and reducing risk.

All data is collated and evaluated monthly, which helps to inform future care plans and risk assessments.

A review and audit sheet must be kept in each individuals file – indicating where a review of care plans has been undertaken and the date of next review – which should be forwarded within the office diary.

## **SERVICE USER COMPLAINTS AND FEEDBACK PROCEDURE.**

Every service user has access to our website and complaints/feedback email address [feedback@buddiescare.org](mailto:feedback@buddiescare.org) in addition to being able to call directly to the manager, **07 999 16 17 18**, who will seek to respond within 24 hours, and action any complaints made (dependent on scoring- see below)– and seek to have them resolved or escalated as

appropriate within 48 hours of receiving them – or a satisfactory timescale agreed. The complaint will be graded internally via a scoring system.

**1 -Urgent (must be dealt with within 4 hours)**

Any situation where there is imminent or likely risk presented to staff or service user, or member of the public. (Emergency services and other out of hours procedures must be followed in the immediate time frame following such an incident). The time frame relates to initial action taken at a senior level in organization. With a plan of action being formulated and cascaded to the broader team of professionals.

**2. High Importance (must be dealt with within 8 hours)**

A high risk situation where there are significant consequences, or potential or actual harm to a service user, or team member.

**3. Important (12 hours)**

Moderate risk or potential risk of harm to either the service user a team member, member of public or the organization.

**4. Non Urgent (24-48 hours)**

Any incident, issue or complaint reported through the appropriate channel relating to the service or a team members conduct, that does not present an urgent or imminent risk to a service user, team member, or member of the public.

*In all instances a written response will be received via email outlining the detail of the complaint and the actions that can be expected from the organization with an appropriate time frame – and/or an apology as required.*

*Best practice would also involve a face-to-face explanation or phone call outlining the actions being taken to remedy the situation.*

***BUDDIES COMMUNITY CARE LTD*** policy for incident reporting must also be followed alongside any formal or informal complaint.

**TRAINING AND DEVELOPMENT OF EMPLOYEES, TEAM MEMBERS, AND CONTRACTED WORKERS.**

All workers/team members and sub-contractors will be trained and qualified to the accepted industry standards, as indicated within government and local frameworks – this will be

monitored via a training and skills matrix appropriate to the individual workers area and personal targets as identified in annual appraisals – and within 8 weekly supervisions.

The manager will be responsible for ensuring all skills and training is up to date, as well as carrying out supervisions and appraisals – or delegating to an appropriately trained and qualified professional those duties.

Any issues or skills deficits identified must be recorded and then actioned – with appraisal and supervision records being kept confidential with the exception of agreed action points – or where discussion is necessary or information that comes to light that might suggest further examination or investigation is required to reduce risk – where that occurs the supervisee is to remain anonymous during such investigations – unless stated otherwise. As per supervision and appraisal protocol.

### **CONTINUAL MONITORING AND DEVELOPMENT OF INTERNAL PROCEDURES AND PROCESSES.**

The responsibility for monitoring and the development of internal processes lays with the registered manager.

Through robust and diligent review of records, risk assessments and ensuring a monthly audit of files is conducted. To maintain compliance with the aforementioned areas.

There is a responsibility to evolve and develop procedures as the organization grows and establishes its position and function within the sector.

### **MONTHLY REVIEW AND AUDIT OF SERVICE USER FEEDBACK AND COMPLAINTS**

As stated within the complaints policy the procedure for complaints management must be followed with a monthly date for collating data, establishing patterns and trends and then reviewing with the broader team – for the purpose of service improvement.

All action points must be reviewed and identified as ongoing, or complete, with appropriate dates of follow up and review – with further action points made explicit, if necessary.

The policy review date is ONGOING. On registration with CQC, and upon employment of workers.

Signed:  (Chief Executive)

Date:..... 28<sup>TH</sup> SEPTEMBER 2023

